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ABSTRACT

A questionnaire was developed to determine the priorities and perceived needs for families and children living in Delaware, as seen by early childhood educators and human services administrators and workers. The two-page questionnaire was mailed to approximately 250 persons working in human services, health care, and education. Respondents were asked for a priority ranking of items ranging from increased day care services to health services/counseling, better housing, nutrition programs, protective services, programs for the handicapped, and increased welfare support. Respondents were also asked for a forced choice of legislative priorities: guaranteed income, public supported day care, employment programs, and increased social security welfare programs. Data analysis from 133 usable questionnaires indicated that: (1) among child care personnel, in both private and public agencies, little agreement on priorities for families and for children was found; (2) the item receiving the lowest priority from both administrators and workers in all types of agencies was increased welfare support, while the increased family counseling services item received the highest priority; (3) in terms of legislative action, high priority was given to employment programs (53%) and low priority to increase in social security/welfare payments (4%); and (4) health care ranked first as the most pressing need for the next decade (50%) with improved education programs second (45%), increased employment/job training third (29%), human ecology fourth (27%), and improved day care services fifth (21%). (Author/MP)

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CHILD AND FAMILY SERVICES NEEDS IN DELAWARE: MICROCOSM OF THE UNITED STATES?

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CHILD AND FAMILY SERVICE NEEDS IN DELAWARE

Introduction

In the spring of 1978, the investigators developed a questionnaire to try to determine the priorities and perceived needs for families and children living in Delaware, as seen by early childhood educators and human services administrators and workers. The stimulus for conducting such a survey grew out of the conviction that there is a vital need today for effective legislation and other support systems at the national level to maintain and enhance the quality of family life. Educators, psychologists, human service workers, health care professionals, economists, and parents, too, agree that many American families are in trouble. Given the present economic climate, Congressional inaction on such important issues as a national health care policy, energy, income maintenance, and publicly-supported child care, and demographic trends toward increases in divorce, women in the labor force, single parent households, childlessness, and singlehood, it appears that the institution of the family needs support.

At present, our social welfare programs can be viewed as bandadges-aimed at containing wounds, not preventing them. When and if a coherent family policy is articulated, it is imperative that emphasis be given to changing the social, racial, and economic inequities that contribute to family problems. Goldman and Lewis (1976) state in Child Care and Public Policy:

> "Society is now responsible for developing public policy for child care that will--- determine what is best for children

> [and families]. ---it is essential that child care policy be an outgrowth of the perceived needs of children based on the information---now available. ---What needs to be established is a method by which policy makers can integrate the concerns of diverse sections of the population with the information generated at universities and research institutes. Moreover, the resulting policy must then be open to public debate---" (p. 6.)

Review of Literature

A search of the literature reveals few comprehensive publications related to the needs of families or planning for the future of the family, although unpublished data about local concerns and priorities does exist. Many of the surveys reported in the literature looked rather specifically at the child care needs or patterns of use of child care centers (Keyserling, 1972; Mass. Advisory Council in Education, 1972; Rodes, 1975; Schweinhart, 1974; Straud, 1970), while several others assessed additional needs of families as well (Toward a National Policy for Children and Families, 1976; Pacific Oaks College, 1972; Whatley, 1977). A comparison of several such studies shows that certain priorities are listed in every study. These recurring themes, as cited by Kenniston (1977) are: guaranteed employment for at least one adult/family; some system of financial support for families, perhaps guaranteed income tax credits; medical services for everyone which include a strong focus on prevention, and family support services including family counseling, homemaker services, legal aid, and a variety of child care options, which are equally accessible to families from all income levels. Kenniston also lists battling job discrimination, flexible working conditions and hours, more meaningful parent involvement on community boards, and increased

legal services which aim at keeping families intact.

Both Almy (1976) and Clarke-Stewart (1978) suggest that a necessary position in social service, health, and educational agencies is that of the child development specialist. This is a person who goes beyond being a teacher of young children and takes on an advocacy-resource person role. According to Clarke-Stewart (1978) the child development specialist would

> "provide a neutral setting for discussion of child-rearing problems among family members, and offer advice---when asked. They would be neither social workers nor family therapists (although their training might be similar---), but a resource for normal families---" (p.101)

It appears that such a person would be a vital force in any family-service agency/institution in helping to delineate the agency's position in addressing and meeting the previously-listed priorities.

The present authors attempted to apply these national concerns to their own state of Delaware in order to compare the needs of families and children as viewed by workers in a variety of human services, educational, child care, and health agencies. They also wanted information on the perceived need for a child development specialist in agency settings.

The Problem

The specific questions raised in this study were:

1. Do administrators and persons working in the field or directly with clients set similar priorities for needs of families?
2. Does the type of agency/institution by which respondents are employed affect the priorities they set?

3. What priorities are assigned to suggested areas of legislative concern - guaranteed income, public-supported day-care, full employment, and increased social security/welfare payments?
4. What are the five most urgent social policy needs in the respondents' own opinions?
5. Do the various agencies/institutions surveyed employ child development specialists, and how important is this role to the agency's effectiveness?

METHODOLOGY

Instrument

A 2-page questionnaire was sent to approximately 250 individuals throughout the State of Delaware. The questionnaires were accompanied by a brief letter of explanation from the researchers. Respondents were asked to complete the questionnaire anonymously and return it in the stamped envelope provided. There were six questions to be answered; four of them required the respondent to select an answer from several choices, while two were open-ended. After ascertaining the respondent's position and type of agency, the questionnaire asked for a priority ranking of items ranging from increased day care services to health services/counseling, better housing, nutrition programs, protective services, programs for the handicapped and increased welfare support. There was a blank for "other" where respondents could list their own priority.

A second major part of the questionnaire asked for a forced choice of legislative priorities: "Guaranteed income", "Public

supported day care", "Employment Programs", "Increased Social Security welfare programs" (taken from Kenniston, All Our Children, 1977). Respondents were able to list "other" in this choice also. An open question was asked concerning the most pressing needs for the next decade for children and families, and finally, respondents were asked whether they had a child development specialist on their staff and whether they viewed such a position as essential, helpful, or not needed.

Sample

Delaware provides an excellent setting for a survey such as this. The state has a population of about 550,000 and covers only 2,057 square miles. Of the three counties in Delaware, the northern-most contains about 2/3 of the total population and is largely urban and suburban. The state's largest city, Wilmington, (population $\pm$ 83,000) is located in New Castle County. Its population is predominantly Black and other minorities. Wilmington faces most of the problems attributed to a declining economic base that many larger cities have. The two southern counties are primarily rural and farming is the major occupation. Thus, on a small scale, Delaware offers a population sample which is typical of many American states.

The questionnaires were mailed to a non-random sample of persons in the human services, health care, and education professions. Names were selected from several directories of social service and educational agencies circulated throughout the state as well as from the Delaware Association for the Education of Young Children mailing list of about 100 names. A total of 133 usable questionnaires was returned.

Data Analysis

The primary form of data analysis was cross-tabulations; Spearman's rank-order correlation was also applied to part of the data.

Results

Figures 1 and 2 show the types of agencies surveyed and the positions held by respondents in the agencies.

Fig. 1
(insert here)

Fig. 2
(insert here)

The perceived priorities expressed by the administrators (from all types of agencies) and field workers in the sample were very similar (see Table 1). A Spearman rank-order correlation was performed by assigning weights to the choices, then ranking them. The obtained rho = .71 was significant at the .05 level. Thus, in this sample, administrators and persons working directly in the field did have very similar priorities for needed services to families.

The agencies/institutions represented by the respondents were grouped into four categories: social service, public school preschool (including private schools), and health care. The rankings of priorities for family policy were then compared, using the Spearman rank-order correlation, among the four kinds of agency/institution (see Table 2). Examination of Table 2 shows that increased family counseling services were ranked first by three of the agencies, and second by health care agencies, while increased welfare support was assigned last place by all agencies. Otherwise, there was little agreement on priorities, and Table 3 shows the correlation matrix obtained.

There is a significant relationship ($p = .74$, $p < .05$) only between the rankings assigned to priorities by public and preschool workers.

When the priorities for family policy expressed by day care personnel were compared to those listed by private school (including preschool) workers, using Spearman rank-order correlations, little agreement was found ($P = .53$, $p > .05$) (see Table 4).

Thus, the type of agency/institution by which a person is employed, rather than the job itself, appears to influence the services to families seen as most important, even among two groups as apparently similar as day care and private school personnel.

Respondents were asked to rank-order by importance four kinds of legislative action listed on the questionnaire. Priority was given to employment programs (53%), followed by publicly supported day care (38%), guaranteed income (22%), other (16%), and increased social security/welfare payments (4%).

Another item on the survey asked respondents to list what they thought were the four most pressing needs in the social, health and education areas in the next decade. Health care, with 67 first choices (50%) was seen as the most urgent need, followed by improved employment/job training (39 choices, 29%), human ecology (a broad category concerned with humanizing government services, (37 choices, 27%), and improved day care (28 choices, 21%).

In response to the question concerning a child development specialist on the staff, 69 respondents, or 52%, said the position was essential. Thirty percent said it would be helpful to have

such a person, while 18% said it was unnecessary. Forty-nine or 37% of the respondents actually employed a child development specialist at the time of the survey, 38% did not have one, while 25% did not respond to this question. (This included 33 day care and preschool workers who viewed themselves as child development specialists).

Discussion

Several notable results were obtained from this survey. Probably the most significant from a policy making point of view was the fact that among child care personnel, both public and private, there was little agreement on priorities for families and for children. The one exception was for family counseling services. The item receiving lowest priority both from administrators and workers in the field in all types of agencies, health, education and child care, was increased welfare support. It is also notable that there was more agreement in expressed needs between administrators and workers in the same agency than there was between type of agency or profession.

In terms of legislative action, priority was given to employment programs (53%) with guaranteed income (22%) also viewed as of prime importance, suggesting that the overwhelming concern of our respondents during the spring of 1978 dealt with problems of the economy and the ways in which it affected their clients. Publicly supported day care (38%) is probably another aspect of this same problem, while increased social security/ welfare payments was listed, selected by only 4% of the respondents as a first priority. It was interesting to the investigators to find

that the need for increased welfare support in the first question received the lowest marks, a reflection, perhaps, of the view that full employment is more important than increasing support for the unemployed.

Health care ranked first as the most pressing need for the next decade (50%) with improved education programs second (45%), increased employment/job training third (29%), human ecology fourth (27%) and improved day care services fifth (21%). It appears that this sample of respondents, 41% of whom were child care personnel and early childhood educators, nevertheless saw social and economic problems as more pressing than the need for increased services in the field of early child care. This is interesting in view of the fact that 52% of the sample felt that it was essential to have a child development specialist on the staff...with more than half of the agencies non-educational in nature.

It is difficult to compare the meanings of the rankings given to legislative priorities - a forced choice item on the questionnaire - with the five social needs seen as most urgent which were generated by the respondents themselves. Increased employment and job training programs and improved options for child day care appeared on both lists. Although more family counseling services were seen as a top priority by administrators and field workers across various kinds of agencies, they were not listed among the five most urgent social concerns. Undoubtedly, seeing an item on a questionnaire influences a respondent in one way, while being asked to generate items from a mental list has a different effect on the response. The variety of responses, depending on the way a question was asked, serves

to highlight the diversity of social issues seen as important to families and the difficulty of reaching consensus or even a common focus on several issues. Increased welfare/social security payments was viewed as a very low priority item on all parts of the questionnaire, apparently indicating that the respondents in this sample either believe that these payments are ample at present, or are not an issue of national concern.

Data on agencies employing a child development specialist (37% of the sample) compared with the 82% who thought such a person was an important part of the agency team highlight the discrepancy between what is seen as necessary and important, and what is practiced in actuality. Here is another area of advocacy for better services to families and children.

A multiplicity of perceived needs and priorities were expressed by the respondents. However, they certainly are no more diverse and there is no less consensus than would be found among any group of professionals in social services, education, and health care. Are there any common themes discernable or any sense of direction to be found? What implications do these results have for coalition building and policies affecting children and families?

The most important point to be made is that all of the needs expressed are of major concern to the well being of families, whether they be economic, health related or educational.

The problem is one of developing some sort of coalition which is representative of a wide variety of viewpoints and ways of approaching a problem, and can unite the diverse philosophies in order to set priorities and ultimately, of course, to develop a workable strategy for action.

A useful first step towards coalition-building which can be implemented with a minimum of expense is to have an organization or commission assess the community to find out what it sees as its most pressing needs. Chances are good that there will be agreement in some areas and also that other areas will be rated as unimportant or adequately met at present, and can be discarded. An additional step - already done in many communities - is to catalog the services currently provided by existing public and private agencies and institutions along with the number of clients that can be handled, eligibility requirements, and referral procedures. This information should be compiled and widely disseminate

Networking is another technique which has been used effectively to form loose, informal associations that exploit sets of connections among people in order to activate ideas and carry actions. Networks, are voluntary associations in which people from a variety of backgrounds and interests join out of a sense of enlightened self-interest. They see each other as resources to use in solving the particular problem which brought them all together. Networks are functional systems, dealing with matters of actual or potential need. In the context of education or social services, the client should play an active part in the network because she/he is both a receiver and giver of services.

A rich source of concerned citizens who might be effective in organizing and directing attention to social needs are the new (para) professionals; teacher aides trained under Title I. Child Development Associate certified child care teachers and CETA

persons recently exposed to social agency needs and policies. A growing cadre of human services personnel has emerged in the last decade through such federally stimulated work prgograms and appear to have been overlooked in many of the professional associations which traditionally have attempted to focus attention on social policy issues. One need only look at the effectiveness of such associations as the Grey Panthers, the association for Retarded Children, Parents Anonymous, and the association for Learning Disabilities in stimulating national interest and consequent legislative action to realize the potential force of the "new" professionals. State associations can make the first move in trying to garner such grass roots membership for identification and action on compelling social problems.

In conclusion, the obvious must be emphasized: total consensus on <u>what</u> the crucial social concerns of our times are, and <u>how</u> they should be met, probably cannot be achieved. However, the process of collecting input from as many people as possible, representing as many viewpoints as possible, can be put into action. The present survey represents a provocative start. Replication of this kind of study throughout the states might well foster indicators for enlightened legislation and social policy for the children and families of this nation.

Figure 1

POSITIONS

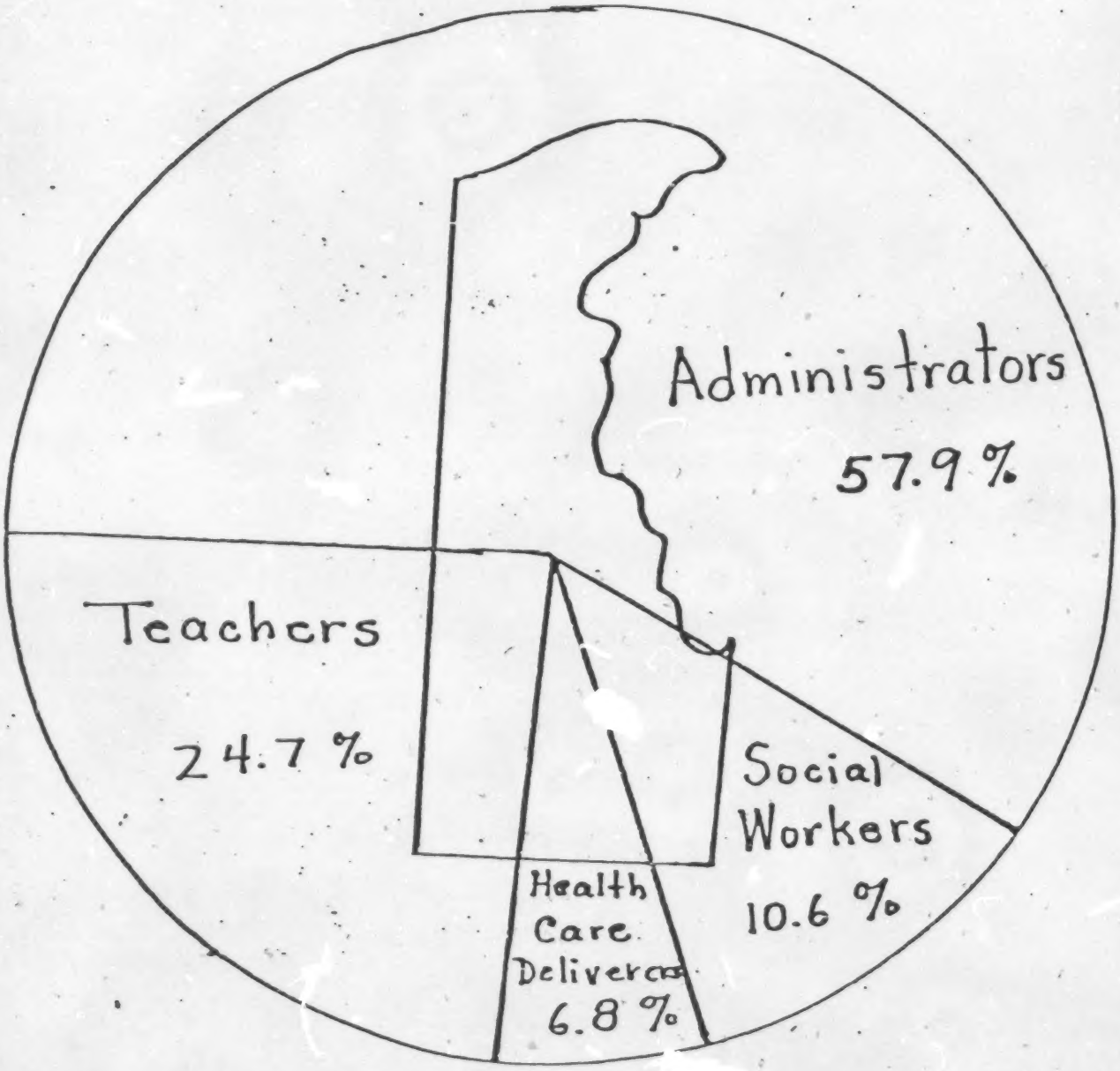

Figure 2

AGENCIES SURVEYED

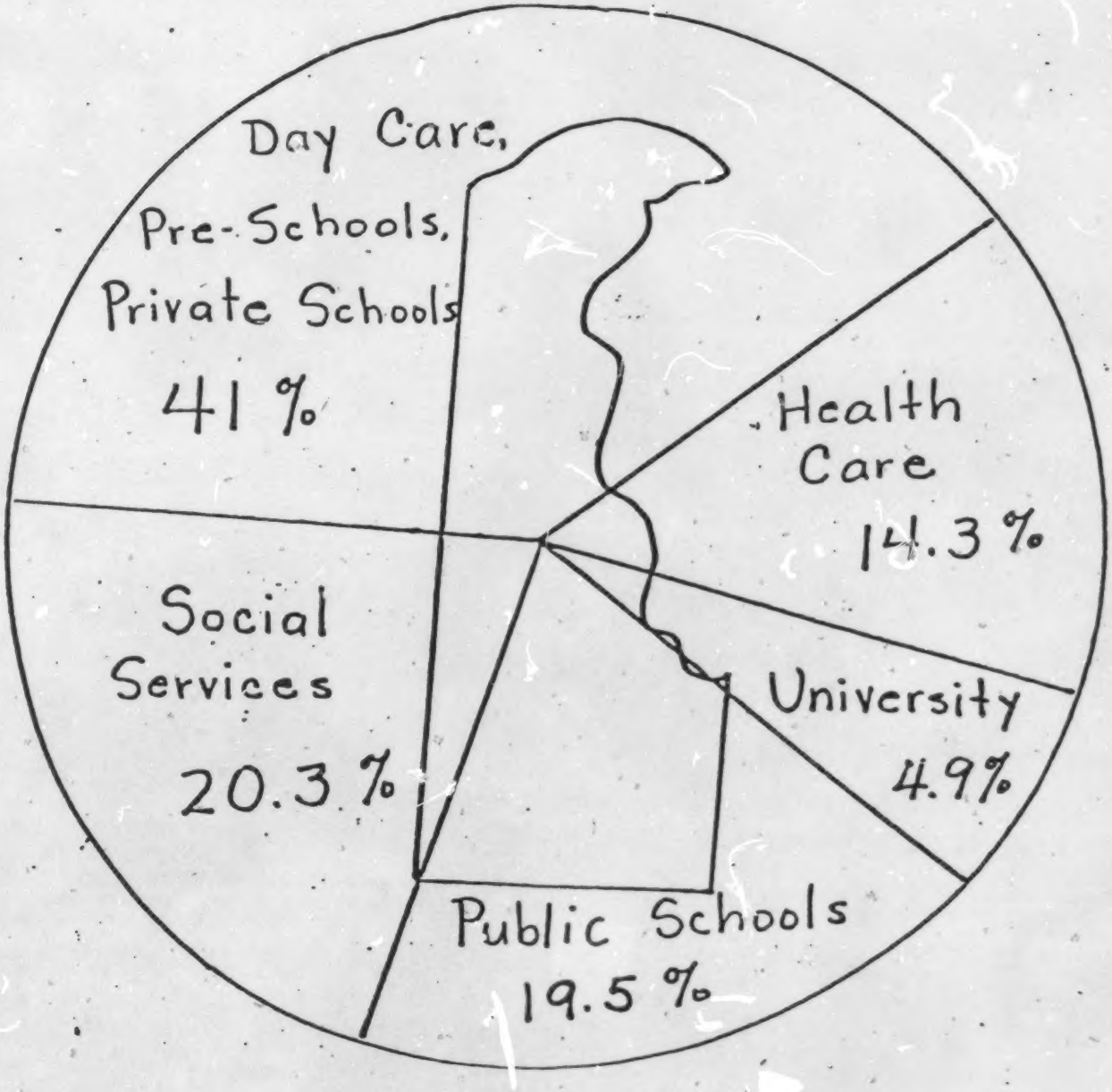

Table 1

Priorities for Family Policy

	Family Counseling	Infant Care	Day Care	Nutrition	Psych. Services	Protective Services	After School Care	Health Care	Housing	Services For Handicapped	Inc. Welfare
Rank by Administrators	1	2	9	3	4	5	6	7	8	10	11
Rank by Field Workers	1	3	2	5	4	6	8	7	10	9	11
Difference in Ranks	0	1	7	2	0	1	2	0	2	1	0

P=.71 $p<.05$

Table 2

Priorities for Family Policy Ranked by Agency Type

Ranks by Agency	Family Counseling	Housing	Infant Care	Health Care	Day Care	Protective Services	Nutrition	After School Care	Psych. Services	Inc. Welfare
Social Services	1	2	8.5	3	4	5.5	5.5	7	8.5	10
Public School	1	9	4	8	2.4	7	2.5	6	5	10
Pre-school	1	9	2	8	7	4	5	6	3	10
Health Care	2	5	1	3	8	7	4	9	6	10

Table 3

Rank-Order Correlations Between Agencies

	Public Schools	Preschools	Social Services	Health Care
Public Schools	----	.74*	.27	.43
Preschools	.74*	----	.036	.56
Social Services	.27	.036	----	.41
Health Care	.43	.56	.41	----

* $p < .05$

Table 4

Priorities for Family Policy Ranked by Position

	Infant Care	Family Counsel-ing	Psych. Services	After School Care	Protec-tive Services	Nutri-tion	Day Care	Health Care	Hous-ing	Inc. Welfare
Rank by Day Care Personnel	1	2	3.5	3.5	6	5	8	7	9	10
Rank by Private and Preschool Personnel	7	1	2	8	3	4	5.5	5.5	9	10
Difference in Rank	6	1	1.5	4.5	3	1	2.5	1.5	0	0

P=.53 p>.05

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